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Essay on Dysentery—

— Dysentery, the subject of the present essay is defined by Cullen to be a contagious pyrexy with frequent mucous or bloody evacuations, accompanied by griping and tenesmus, the alvine feces being for the most part retained. In giving to this disease a contagious character Dr Cullen has been followed by most of the British and Continental writers. This opinion however has been combatted by Professor Chapman and other American physicians, who assert that ordinarily it is not capable of being propagated from one individual to another, and that this circum-

stance never takes place unless the disease assumes a typhoid type. Indepently of all authority personal observation would induce to question the accuracy of Cullens definition in this respect. But with this exception his definition could not perhaps be amended —

Dysentery appears to be of ancient origin having been known so far back as the days of Hypprocrates. Although peculiar to no country, it is much more prevalent in some than in others. In certain districts of our own country it prevails to an alarming extent, and often with great fatality. In Hospitals, Jails, camps, and other crowded receptacles, it frequently assumes a most malignant aspect. This disease may occur at any season of the year, but generally makes its appearance about the end of summer or beginning of autumn. In some seasons sporadic cases of the disease are met with, in others it prevails epidemically

Dysentery sometimes commences with chillines, which is soon succeeded by fever, accompanied with griping, and an ineffectual desire to go to stool. But perhaps more frequently the topical affection appears without being preceded by rigour or chillines, and in very many instances there is little or no febrile action. Sometimes the disease is attended by flatulence, nausea, and vomiting. The discharges, though frequent are small in quantity, and of an unnatural appearance, consisting for the most part of slime or mucus mixed with blood, though not unfrequently they are purely sanguineous, and without a fecal smell. Those small indurated masses, so commonly noticed by authors under the term Scybala, are of very unusual occurrence. If the disease be not arrested, all of the symptoms become aggravated. The coountenance assumes a peculiarly distressed appearance, the strength rapid-

ly sinks, the extremities become cold, hiccough supervenes with other symptoms which are usually the precursors of a fatal catastrophe. But when the disease is about to terminate favourably, the pulse becomes softer, a moisture appears on the surface, the stools are less frequent, and more copious and natural accompanied by an alleviation of the tormina and tenesmus.

Dysentery as has already been intimated, may sometimes, though very rarely be propagated by contagion, most generally however, it is produced by those causes which determine to the bowels by checking perspiration. Occasionally it is brought on by ~~these~~ acid and indigestible articles taken into the stomach. When the disease prevails epidemically, it then like all other epidemics, has an aero-terrestrial origin.

With regard to

to the pathology of Dysentery, it is pretty well ascertained that there is always more or less inflammation of the mucous membrane of the large intestines, now and then extending to the small and even to the stomach. This inflammation when mild produced that increased mucous discharge so common to the inflammation of all mucous membranes; but when excessive, it has a strong tendency to terminate in gangrene.

In the treatment of Dysentery, much has been said about the propriety of using venesection. Taught by dissection the nature of the disease, we should not hesitate about using the lancet where there is a hard full pulse, and other symptoms indicative of an inflammatory diathesis. And even under these circumstances little or no benefit will usually be derived

unless the quantity of blood abstracted be very considerable. Nor will a single bleeding however copious always always suffice; so long as the symptoms demanding it continue, it may be repeated without any apprehension of injurious consequences. When directed by a sound and discriminating judgment, bloodletting relieves the spasmodic action of the bowels, mitigates inflammation, exchanges a hot dry surface for a moist one, and awakens the susceptibility of the system to the impression of other remedies. Yet it must be confessed that there are many cases in which the lancet may be dispensed with, and others in which it cannot be used without manifest injury, this is particularly observable in certain seasons, and in certain districts of country where the disease from the commencement assumes a Typhoid character. Having premised venesection, or if that operation be contraindicated by the state

of the stomach of the system, we must in the next place proceed to cleanse the alimentary canal. For this purpose, when there is much gastric derangement, evinced by nausea, and vomiting of bilious or other foul matter, as is often the case in miasmatic situations, it will be adviseable to direct an emetic. And in this instance Ipecacuanha is perhaps preferable to the antimonial preparations. Though we are aware that the emetic tartar, James's powder, and the vitrum antimonii ceratum, are recommended by practitioners of no little eminence. With respect to the latter article, which was introduced into regular practice by the classic Dr Young, and afterwards so highly eulogized by Sir John Pringle, we have never been given with a view to its emetic operation. But when exhibited in small doses, and in the early stage of the disease, we have repeatedly witnessed

the most striking benefit from it, especially in that form of the disease accompanied by considerable sanguineous discharge. In these cases, it sometimes acts as a cathartic, bringing away from the bowels natural dejections; at other times it arrests the disease without any sensible operation.

Cathartics have been consecrated to the treatment of Dysentery by the unanimous consent of Practitioners in every section of the world. Still however, some difference of opinion prevails as to the relative efficacy of the articles composing this class. Calomel perhaps is the most suitable purgative to commence with. But in order to obtain its full effect, judging from personal observation I should say it must be given in large doses; and as it is one of those medicines whose cathartic operation is not in a ratio proportionate

to an increase of the ordinary dose we need not be apprehensive of its producing hypercatharsis. More than once have I been surprized at the salutary impression which twenty grains of Calomel made on the disease, when comparatively little benefit was produced by half that quantity. The bowels being operated on by means of the Mercurial preparation just mentioned, we may have recourse to some of the other medicines of the same class, especially Castor oil & Epsom salts, or what perhaps answers better the latter article in combination with small portions of tartarized antimony, with or without a few drops of laudanum, according to the circumstances of the case.

In consequence of the severe griping and spasmodic irritation, opium must be employed early

in Dysentery. Nevertheless if there be much inflammatory action, its use is contraindicated, until this action is in some measure subdued by direct depletion. Although the use of this remedy is discountenanced and condemned by the high authority of Cullen, we have such a mass of evidence in its favour, that we must consider his objection to it founded on views purely hypothetical. So far from favouring a constriction of the Colon, Opiates by relaxing the Spasmodic action, not unfrequently bring away stercoracious discharges. And on the same principle when conjoined with purgatives, they promote their operation. But Opium is commonly given in combination with some of those Articles which determine to the surface. Dovers Powder; one of the preparations in this description, is often employed, and with the most decided utility. In order how-

-ever to make a permanent impression on the disease, it must be repeated every five or six hours, and sometimes oftener.

Occasionally also, it may be adviseable to add to Dover's powder a portion of Calomel. Another prescription which may be employed with unequivocal advantage, is a combination of Opium, Calomel, and Ipecacuanha, in the proportion of half a grain of the former, one of the latter and two of the Calomel, to be repeated every three or four hours. Evacuations being premised, the vesicatory applications are not to be overlooked, they may be applied either to the extremities or abdomen, the latter position though is perhaps preferable.

Besides the remedies which have already been enumerated, various others have at different times been recommended in the treatment of Dysentery. But into

the consideration of these, I cannot, at this time, enter, without encroaching too much on your time and patience. Suffice it to say, that among these are Ipecacuanha, (than which no article has been more highly extolled,) Saccharum Saturni, Prussiate of Iron, charcoal, the mineral acids, Opium Suppositories, flaxseed tea with laudanum, butter, starch, and other enemata, the warm bath, hot fomentations, the flannel roller &c. Most of which may be resorted to with unequivocal advantage.

As yet we have said nothing of the diet in Dysentery. There being much irritation and inflammation, the patient must evidently be restricted to the most bland articles, and even they, should be given in a fluid form. Rice water, barley water, rennet whey, the mucilages of Gum Tragacanth, Gum Arabic,

slippery elm, sago, arrow root, tapiocca, &c are of this nature, and will be found to afford sufficient nourishment —